PART B - FEE(S) TRANSMITTAL

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29737 7590 09/07/2006				ive its own certificate	or mail	ing or transmission.	
SMITH MOOI P.O. BOX 2192 GREENSBORO	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
			Γ				(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR .	ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.
08/650,709	08/650,709 05/20/1996		DETLEF ALBIN	N 5003073.068US1			2931
TITLE OF INVENTION	: DEVICE AND A PRO	CESS FOR COARSELY	GRINDING HYDROU	S POLYMER GELS			
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0		\$1400	12/07/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DEXTER, CLARK F		3724	083-037000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up or agents OR, altern (2) the name of a sin	f a single firm (having as a member a ney or agent) and the names of up to tent attorneys or agents. If no name is			
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Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 💢 C	orporatio	on or other private grou	p entity Government
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order -	No small entity discount p	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502190 (enclose an extra copy of this form).					
5. Change in Entity Sta	. •	,					
**	s SMALL ENTITY state					TITY status. See 37 CF	
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Authorized Signature	- Phily	:/my-		Date	12	7/06	· · · · · · · · · · · · · · · · · · ·
Typed or printed nam	e Philip	P. McCann		Registration 1	No	30,919	
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